

**GENERAL EXCISE/USE, EMPLOYER'S
WITHHOLDING, TRANSIENT ACCOMMODATIONS
AND RENTAL MOTOR VEHICLE &
TOUR VEHICLE SURCHARGE
APPLICATION CHANGES**

IMPORTANT: File this form ONLY if there are changes to your license application (Form BB-1).

Taxpayer's Name _____ GE/WH/TA/RV I.D. No. _____

PLEASE CHANGE MY:

1. ☐ NAME TO: () _____

Does not include change of ownership. (e.g., if a new FEIN is required, a new license must be obtained.) Reason for name change.

2. ☐ Doing Business As (DBA) Name: () _____

Does not include change of ownership. (e.g., if a new FEIN is required, a new license must be obtained.)

3. ☐ TELEPHONE NUMBER TO: Business () _____ Residential () _____

4. ☐ ACCOUNTING PERIOD TO: ☐ Calendar Year ☐ Fiscal year ending ____ / ____ As of _____

5. ☐ ACCOUNTING METHOD TO: ☐ Accrual ☐ Cash As of _____

6. ☐ **GENERAL EXCISE** FILING PERIOD:

From:

- ☐ Monthly
☐ Quarterly
☐ Semi-annually

To:

As of _____

- ☐ Monthly (Annual tax exceeds \$4,000.)
☐ Quarterly (Annual tax does not exceed \$4,000.)
☐ Semi-annually (Annual tax not more than \$2,000.)

7. ☐ **WITHHOLDING** FILING PERIOD:

From:

- ☐ Monthly
☐ Quarterly

To:

As of _____

- ☐ Monthly (Annual tax exceeds \$5,000.)
☐ Quarterly (Annual tax does not exceed \$5,000.)

8. ☐ **TRANSIENT ACCOMMODATIONS** FILING PERIOD:

From:

- ☐ Monthly
☐ Quarterly
☐ Semi-annually

To:

As of _____

- ☐ Monthly (Annual tax exceeds \$4,000.)
☐ Quarterly (Annual tax does not exceed \$4,000.)
☐ Semi-annually (Annual tax not more than \$2,000.)

9. ☐ **RENTAL MOTOR VEHICLE & TOUR VEHICLE SURCHARGE** FILING PERIOD:

From:

- ☐ Monthly
☐ Quarterly
☐ Semi-annually

To:

As of _____

- ☐ Monthly (Annual tax exceeds \$4,000.)
☐ Quarterly (Annual tax does not exceed \$4,000.)
☐ Semi-annually (Annual tax not more than \$2,000.)

PLEASE ADD:

10. ☐ FEDERAL EMPLOYER I.D. NO. _____

(If your FEIN has changed, you must apply for a new license. This line is ONLY for those applicants who did not have a FEIN at the time the original application was filed.)

11. ☐ PARENT CORPORATION'S: FEIN _____ G.E. I.D. NUMBER _____

12. ☐ NEW PARTNERS OR CORPORATE OFFICERS (List on back of this form.)

13. ☐ NEW BUSINESS ACTIVITY _____

14. ☐ ADDRESS(ES) OF YOUR RENTAL REAL PROPERTY, RENTAL MOTOR VEHICLE AND/OR TOUR BUSINESS,
AND TRANSIENT ACCOMMODATIONS. (List on back of this form.)

15. ☐ DBA (Doing Business As) Name _____

16. ☐ MY SPOUSE: Name _____ SSN _____

**MAILING
ADDRESSES**

OAHU DISTRICT OFFICE
P.O. BOX 1425
HONOLULU, HI 96806-1425

MAUI DISTRICT OFFICE
P.O. BOX 1427
WAILUKU, HI 96793-6427

HAWAII DISTRICT OFFICE
P.O. BOX 937
HILO, HI 96721-0937

KAUAI DISTRICT OFFICE
P.O. BOX 1687
LIHUE, HI 96766-5687

PLEASE DELETE:

17. ☐ PARTNERS OR CORPORATE OFFICERS. (List on back of this form.)

18. ☐ BUSINESS ACTIVITY _____

19. ☐ ADDRESS(ES) OF YOUR RENTAL REAL PROPERTY, RENTAL MOTOR VEHICLE AND/OR TOUR BUSINESS,
AND TRANSIENT ACCOMMODATIONS. (List on back of this form.)

20. ☐ DBA (Doing Business As) Name _____

21. ☐ SPOUSE: Name _____ SSN _____

Signature

Print name and Title (Owner, Partner or Member, Officer, or Duly Authorized Agent)

Date

[illegible]